

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN



|              |                   |
|--------------|-------------------|
| Permit #:    | 21-0001           |
| Date:        | 1-5-21            |
| Amount Paid: | \$225<br>10-15-20 |
| Refund:      |                   |

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Bayfield Co. Zoning Dept.

Original Application MUST be submitted

FILL OUT IN INK (NO PENCIL)

|  |  |   |  |  |                                |   |                                      |                                 |                                |
|--|--|---|--|--|--------------------------------|---|--------------------------------------|---------------------------------|--------------------------------|
| TYPE OF PERMIT REQUESTED →   |  | <input checked="" type="checkbox"/> LAND USE          |  | <input type="checkbox"/> SANITARY  | <input type="checkbox"/> PRIVY | <input type="checkbox"/> CONDITIONAL USE  | <input type="checkbox"/> SPECIAL USE | <input type="checkbox"/> B.O.A. | <input type="checkbox"/> OTHER |
| Owner's Name:<br>Rosemary Olsen / Monte Ortman   |  | Mailing Address:<br>1339 Star School Rd               |  | City/State/Zip:<br>Stoughton WI 53589  |                                | Telephone:<br>603-332-1251  |                                      |                                 |                                |
| Address of Property:<br>43970 Cty Rd D   |  | City/State/Zip:<br>Naukagon WI 54821                  |  | Cell Phone:<br>608-558-8638  |                                |   |                                      | Plumber Phone:<br>915)586-0140  |                                |
| Contractor:<br>Steve Long Inc  |  | Contractor Phone:<br>(715)558-2098                    |  | Plumber:<br>Doug Manthly   |                                | Plumber Phone:<br>915)586-0140  |                                      |                                 |                                |
| Authorized Agent: (Person Signing Application on behalf of Owner(s))<br>Steve R Long Inc |  | Agent Phone:<br>(715)558-2098                         |  | Agent Mailing Address (include City/State/Zip):<br>16166 W Deer Lane<br>Hayward WI 54843 |                                | Written Authorization Attached<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                      |                                 |                                |
| PROJECT LOCATION<br>NE 1/4, NE 1/4   |  | Legal Description: (Use Tax Statement)<br>Gov't Lot 2 |  | Tax ID#<br>25129   |                                | Recorded Document: (Showing Ownership)<br>2019R   |                                      | 579399                          |                                |
| Subdivision:<br>NE 1/4, NE 1/4   |  | Lot(s)<br>2   |  | CSM<br>Vol & Page  |                                | CSM Doc #<br>63/64  |                                      | Block #                         |                                |
| Section 15, Township T43 N, Range R6 W   |  | Town of:<br>Naukagon                                  |  | Lot Size   |                                | Acreage<br>1.19 Acres   |                                      |                                 |                                |

|  |  |  |  |   |
|--|--|--|--|---|
| <input type="checkbox"/> Shoreland →   | <input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain?<br>If yes---continue → | Distance Structure is from Shoreline :<br>feet | Is your Property in Floodplain Zone?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Are Wetlands Present?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |
|  | <input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage<br>If yes---continue →   | Distance Structure is from Shoreline :<br>feet |  |   |
| <input type="checkbox"/> Non-Shoreland |  |  |  |   |

| Value at Time of Completion<br>* include donated time & material | Project  | Project # of Stories                               | Project Foundation                             | Total # of bedrooms on property           | What Type of Sewer/Sanitary System(s) Is on the property or Will be on the property?              | Type of Water on property                |
|--|--|--|--|---|---|--|
| \$75000.00   | <input checked="" type="checkbox"/> New Construction | <input type="checkbox"/> 1-Story                   | <input type="checkbox"/> Basement              | <input type="checkbox"/> 1                | <input type="checkbox"/> Municipal/City   | <input type="checkbox"/> City            |
|  | <input type="checkbox"/> Addition/Alteration         | <input checked="" type="checkbox"/> 1-Story + Loft | <input type="checkbox"/> Foundation            | <input type="checkbox"/> 2                | <input type="checkbox"/> (New) Sanitary Specify Type:   | <input checked="" type="checkbox"/> Well |
|  | <input type="checkbox"/> Conversion                  | <input type="checkbox"/> 2-Story                   | <input checked="" type="checkbox"/> Slab       | <input checked="" type="checkbox"/> 3     | <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type:<br>Conventional Tank w/ mound | <input type="checkbox"/>                 |
|  | <input type="checkbox"/> Relocate (existing bldg)    |  |  | <input checked="" type="checkbox"/> 1 1/4 | <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)         |  |
|  | <input type="checkbox"/> Run a Business on Property  |  | <input checked="" type="checkbox"/> Use        | <input type="checkbox"/> None             | <input type="checkbox"/> Portable (w/service contract)  |  |
|  | <input type="checkbox"/>                             |  | <input checked="" type="checkbox"/> Year Round |   | <input type="checkbox"/> Compost Toilet   |  |
|  |  |  |  |   | <input type="checkbox"/> None   |  |

|  |         |        |         |
|--|---------|--------|---------|
| Existing Structure: (if addition, alteration or business is being applied for) | Length: | Width: | Height: |
| Proposed Construction: (overall dimensions)                                    | Length: | Width: | Height: |

| Proposed Use  | ✓                                   | Proposed Structure  | Dimensions  | Square Footage |
|---|-------------------------------------|---|-------------|----------------|
| <input checked="" type="checkbox"/> Residential Use | <input type="checkbox"/>            | Principal Structure (first structure on property)   | ( X )       |                |
|   | <input type="checkbox"/>            | Residence (i.e. cabin, hunting shack, etc.)   | ( X )       |                |
|   |                                     | Garage with Loft  | ( 30 X 40 ) | 1200           |
|   |                                     | with a Porch  | ( X )       |                |
|   |                                     | with (2nd) Porch  | ( X )       |                |
| <input type="checkbox"/> Commercial Use             |                                     | with a Deck   | ( X )       |                |
|   |                                     | with (2nd) Deck   | ( X )       |                |
|   |                                     | with Attached Garage  | ( X )       |                |
| <input type="checkbox"/> Municipal Use              | <input checked="" type="checkbox"/> | Bunkhouse w/ <input checked="" type="checkbox"/> sanitary, or <input checked="" type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities | ( X )       |                |
|   | <input type="checkbox"/>            | Mobile Home (manufactured date)   | ( X )       |                |
|   | <input type="checkbox"/>            | Addition/Alteration (explain)   | ( X )       |                |
|   | <input type="checkbox"/>            | Accessory Building (explain)  | ( X )       |                |
|   | <input type="checkbox"/>            | Accessory Building Addition/Alteration (explain)  | ( X )       |                |
|   | <input type="checkbox"/>            | Special Use: (explain)  | ( X )       |                |
|   | <input type="checkbox"/>            | Conditional Use: (explain)  | ( X )       |                |
|   | <input type="checkbox"/>            | Other: (explain)  | ( X )       |                |

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Rosemary Olsen Monte Ortman  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date 9/21/20

Authorized Agent: \_\_\_\_\_  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date \_\_\_\_\_

Address to send permit \_\_\_\_\_

Attach  
Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

Original Application MUST be submitted



Below: **Draw or Sketch your Property** (regardless of what you are applying for)

Fill Out in Ink – **NO PENCIL**

- (1) Show Location of: **Proposed Construction**
- (2) Show / Indicate: **North (N)** on Plot Plan
- (3) Show Location of (\*): **(\*) Driveway and (\*) Frontage Road** (Name Frontage Road)
- (4) Show: **All Existing Structures** on your Property
- (5) Show: **(\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)**
- (6) Show any (\*): **(\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond**
- (7) Show any (\*): **(\*) Wetlands; or (\*) Slopes over 20%**

See Attached

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) **Setbacks:** (measured to the closest point)

| Description  | Setback Measurements | Description   | Setback Measurements  |
|--|----------------------|---|---|
| Setback from the <b>Centerline of Platted Road</b> | 163' Feet            | Setback from the <b>Lake</b> (ordinary high-water mark) | Feet  |
| Setback from the <b>Established Right-of-Way</b>   | 132' Feet            | Setback from the <b>River, Stream, Creek</b>            | Feet  |
|  |                      | Setback from the <b>Bank or Bluff</b>                   | Feet  |
| Setback from the <b>North Lot Line</b>             | 142' Feet            |   |   |
| Setback from the <b>South Lot Line</b>             | 15' Feet             | Setback from <b>Wetland</b>                             | Feet  |
| Setback from the <b>West Lot Line</b>              | 132' Feet            | <b>20% Slope Area on the property</b>                   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Setback from the <b>East Lot Line</b>              | 29' Feet             | Elevation of <b>Floodplain</b>                          | Feet  |
|  |                      |   |   |
| Setback to <b>Septic Tank or Holding Tank</b>      | 75' Feet             | Setback to <b>Well</b>                                  | 54' Feet  |
| Setback to <b>Drain Field</b>                      | 97' Feet             |   |   |
| Setback to <b>Privy</b> (Portable, Composting)     | Feet                 |   |   |

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) **Stake or Mark Proposed Location(s)** of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

**NOTICE:** All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

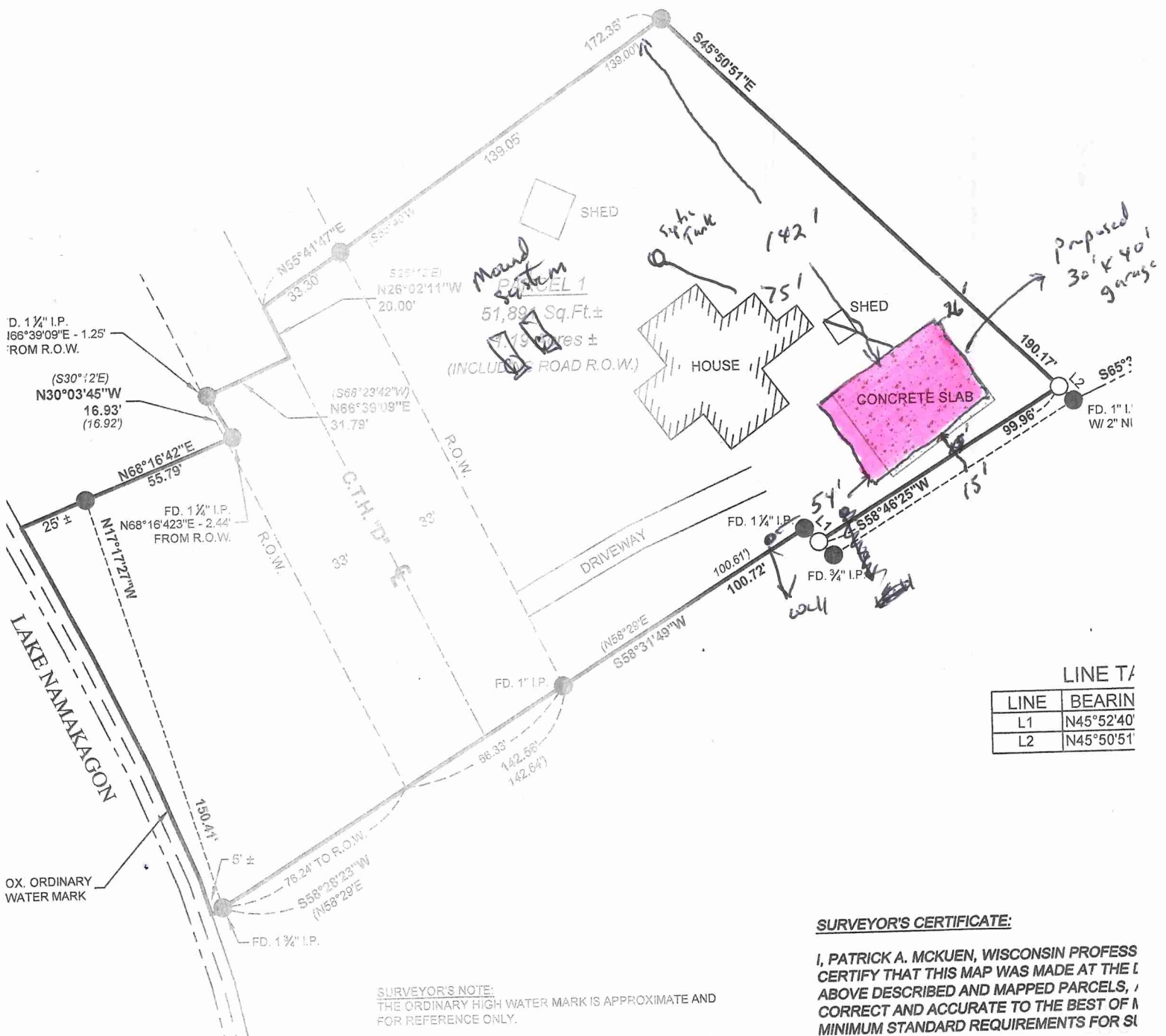
For the Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

|   |  |   |   |   |
|---|--|---|---|---|
| <b>Issuance Information (County Use Only)</b>   |  | Sanitary Number: 39796  | # of bedrooms: 2  | Sanitary Date: 10-17-84   |
| Permit Denied (Date):   |  | Reason for Denial:  |   |   |
| Permit #: 21-0001   |  | Permit Date: 1-5-21   |   |   |
| Is Parcel a Sub-Standard Lot  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Deed of Record) | <input checked="" type="checkbox"/> No                                      | Mitigation Required   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Is Parcel in Common Ownership   | <input type="checkbox"/> Yes (Fused/Contiguous Lot(s))                               | <input checked="" type="checkbox"/> No                                      | Mitigation Attached   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Is Structure Non-Conforming   | <input type="checkbox"/> Yes   | <input checked="" type="checkbox"/> No                                      | Affidavit Required  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Granted by Variance (B.O.A.)  |  | Previously Granted by Variance (B.O.A.)                                     |   |   |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:   |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #: |   |   |
| Was Parcel Legally Created  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                  | Were Property Lines Represented by Owner                                    | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Was Property Surveyed   |
| Was Proposed Building Site Delineated   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                  |   |   |   |
| Inspection Record:  |  | Zoning District (R-1)   |   |   |
|   |  | Lakes Classification (1)  |   |   |
| Date of Inspection: 10/22/20  | Inspected by: [Signature]  | Date of Re-Inspection:  |   |   |
| Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - (If No they need to be attached.) |  |   |   |   |
| No Fap Preparation<br>No Sinks outside of Bathroom<br>Get Necessary UDC Permits   |  |   |   |   |
| Signature of Inspector: [Signature]   |  |   |   | Date of Approval: 1/4/21  |
| Hold For Sanitary: <input type="checkbox"/>   | Hold For TBA: <input type="checkbox"/>   | Hold For Affidavit: <input type="checkbox"/>                                | Hold For Fees: <input type="checkbox"/>                             | <input type="checkbox"/>  |

A PARCEL OF LAND LOCATED IN GOVERNMENT LOT 2, SECTION 15, TOWNSHIP 43 NORTH, RANGE 6 WEST,  
TOWN OF NAWAKAGON, BAYFIELD COUNTY, WISCONSIN.



| LINE T/A |            |
|----------|------------|
| LINE     | BEARIN     |
| L1       | N45°52'40' |
| L2       | N45°50'51' |

**SURVEYOR'S CERTIFICATE:**

I, PATRICK A. MCKUEN, WISCONSIN PROFESSOR  
CERTIFY THAT THIS MAP WAS MADE AT THE [ ]  
ABOVE DESCRIBED AND MAPPED PARCELS, [ ]  
CORRECT AND ACCURATE TO THE BEST OF A [ ]  
MINIMUM STANDARD REQUIREMENTS FOR SI [ ]



State or Federal  
e Required

onnect (59796)

# BAYFIELD COUNTY

# PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

Issued To: **Monte Ortman & Rosemary Olson**

- ¼ Section **15** Township **43** N. Range **6** W. Town of **Namakagon**

lot **63 & 64** Block Subdivision **Namakagon Lake Shore** CSM#

ory Structure: [ 2- Story; Garage (30' x 40') = 1,200 sq. ft. ]

expansions or development would require additional permitting.

preparation. No sinks outside of bathroom. Get necessary UDC permits.

eral laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

year from date of issuance if the authorized construction work or  
ot begun.

ecifications shall not be made without obtaining approval. This  
evoked if any of the application information is found to have been  
ous, or incomplete.

l or revoked if any performance conditions are not completed

ditions are violated.

**Tracy Pooler**

Authorized Issuing Official

**January 5, 2021**

Date